Work-related joint disorders
This booklet provides information and answers to your questions about work-related joint disorders.

Arthritis Research UK produce and print our booklets entirely from charitable donations.
A change of physical working methods can lead to you developing a joint disorder. In this booklet we’ll explain how some common problems can arise and how to recognise them. We’ll explain the possible causes of symptoms and also give you some advice on simple remedies you can try yourself.

At the back of this booklet you’ll find a brief glossary of medical words – we’ve underlined these when they’re first used.
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What are work-related joint disorders?
If you feel pain or other symptoms when performing a particular action at work then you may have developed a work-related joint disorder. Any action that requires you to move your body in an unnatural way, involves heavy weight or is repeated often could lead to you developing symptoms. Sometimes activities outside of work may contribute to the problem, so health professionals may use the term ‘activity-related joint disorders’ rather than work-related joint disorders.

What parts of the body are often affected?
Commonly affected parts of the body include:
- arms and shoulders
- back
- hips
- knees.

What are the common symptoms?
Common symptoms include:
- pain
- cramp
- weakness or loss of grip
- pins and needles
- clumsiness
- a feeling of burning or other unpleasant sensations.

Conditions such as osteoarthritis and rheumatoid arthritis can be made worse by some jobs.

What triggers are there at work?
There are many situations that may cause you to experience symptoms at work, including:
- a sudden change in your working conditions
- an increase in workload
- a change of task
- using heavy machinery or doing heavy manual work
- doing repetitive tasks for long hours.

Stressful work situations may also make symptoms more likely to occur.
What treatments are there?

Drug treatments include:
- analgesics (e.g. paracetamol) – to ease pain and discomfort
- non-steroidal anti-inflammatory drugs (NSAIDs) (e.g. ibuprofen) – to ease pain and inflammation
- a local steroid injection (one given at the site of the problem).

Physical therapies include:
- physiotherapy
- occupational therapy.

Pain management techniques, such as:
- wearing a firm bandage, splint or support while you work
- relaxing your hands in warm water or your whole body in the bath
- using a hot-water bottle or heated wheat bag
- wrapping a packet of frozen peas (in a damp towel) around the affected area.

What else might help?

Think carefully about the actions you perform at work, at home or in your leisure activities. Can you spot a pattern of activity that has led to your symptoms?

Take regular breaks during your day to relieve the strain on your joints or muscles.

Exercise can help you cope with pain and keep you fit. Strengthening particular parts of your body can help prevent future problems.
What is a work-related joint disorder?
The physical demands of a job can often cause joint disorders or make the symptoms of an existing condition worse. A sudden change of physical working methods can lead to you developing symptoms, which can include pain, pins and needles, and cramp.

The causes of the symptoms are complex, but activities which strain the muscles, nerves, tendons or joints are usually the trigger. Other factors including stress, depression, bullying and job dissatisfaction can make symptoms seem worse.

If a particular exercise, sport or DIY activity strains the same parts of the body that you also use at work, you may be more likely to develop joint or muscle pain. This can sometimes make it difficult to assess whether the problem is truly work-related. Health professionals sometimes refer to activity-related joint disorders or overuse syndromes. The symptoms may be the same but the causes may not be related just to work activities.

If your pain seems to be linked to your job it’s important that your place of work is assessed to make sure that too much strain isn’t being placed on your joints. Adapting your work environment can often ease symptoms.

⚠️ If you’re struggling at work, your local Disability Employment Adviser (contacted through your local Jobcentre Plus office) can arrange a work assessment so you can be given help in the workplace.

What are the symptoms of a work-related joint disorder?
Your symptoms may vary depending on whether a muscle, nerve, tendon or joint is involved. Common symptoms include:

- pain
- cramp
- weakness or loss of grip
- pins and needles
- clumsiness
- a feeling of burning or other unpleasant sensations.

You may find any of these symptoms are related to a particular job, movement or action, though normally you won’t

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31 million working days were lost in 2013 due to musculoskeletal conditions.*

* Office for National Statistics: www.ons.gov.uk
develop symptoms until you’ve repeated the action a number of times. Usually the symptoms will improve when you rest, but they may return once you start the action again.

Any action that requires you to move parts of your body in an unnatural way, involves a heavy weight or is repeated many times in quick succession could mean you get symptoms quite quickly. On the other hand, if the task involves sitting for long periods in an awkward position you may not develop symptoms for several hours, or even for days or weeks.

**Which parts of the body are commonly affected?**

**Arms and shoulders**

*Tenosynovitis* is an inflammation of one of the tendons that work the fingers or thumb. The tendon that pulls the thumb backwards is often involved (this is called de Quervain’s tenosynovitis). If the symptoms start when you begin doing something that involves pulling the thumb back, and if stopping the movement relieves the symptoms, then it’s possible that the problem is work related.

**Carpal tunnel syndrome** occurs when the median nerve is compressed (squeezed) in the carpal tunnel on the underside of the wrist. The main symptoms are pins and needles in the hand and weakness of grip. Conditions that cause swelling of parts of the wrist which might squeeze the tunnel, such as rheumatoid arthritis or thyroid deficiency, can cause carpal tunnel syndrome. It can also occur if you’re going through the menopause, are very overweight or have diabetes. If symptoms coincide with a change in job (for example, if you start using a vibrating drill), or if you hold your wrist for a long time in a position that kinks the median nerve or stretches it, the problem may be work related.

*See Arthritis Research UK booklet Carpal tunnel syndrome.*
Epicondylitis is a mild inflammation of the epicondyle (the point where the forearm muscles are joined to the bones of the elbow). This inflammation is much more common on the outer side of the elbow, where it’s known as tennis elbow. Repetitive movements or a fixed position that put particular strain on the forearm muscles, such as using a screwdriver or prolonged and repeated gripping, can lead to this problem.

Non-specific work-related upper-limb disorder (also known as non-specific forearm pain or overuse syndrome). In this condition symptoms occur over a wide area, usually in the forearm. It’s usually diagnosed by ruling out other causes of the symptoms. These disorders aren’t often seen in self-employed people, so it has been suggested that factors such as job dissatisfaction may also be important. It’s possible that because self-employed people have control over their work it means they can avoid damaging patterns of work. Arthritis Research UK continues to support research into this condition.

⚠ Some shoulder problems can be caused by your job, especially if you work above shoulder height. More generalised shoulder conditions such as frozen shoulder (adhesive capsulitis)
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Work-related joint disorders

are more likely to have natural causes, although they may feel worse because of work. This also applies to some neck conditions.

See Arthritis Research UK booklets
Neck pain; Shoulder pain.

Back
You may feel pain in your lower back as you get older, as a result of what doctors describe as mechanical or degenerative changes. However, back pain can also be a result of a pulled muscle or sprained ligament, caused by an awkward movement – this is easily done in many jobs and activities. The symptoms of back pain (both short and long-term) can be made worse by work, particularly if your job involves heavy manual tasks.

See Arthritis Research UK booklet
Back pain.

Hips
You may develop painful symptoms in your hips as you get older, especially if your job involves heavy manual work, such as farming.

Farmers or farm workers who have hip osteoarthritis and have worked in agriculture for 10 years can claim through the Industrial Injuries Advisory Council for Disablement Benefit. Similar help is available for miners with knee problems.

Knees
Jobs that involve heavy lifting, particularly from a squatting position, can aggravate knee conditions and cause pain. Common conditions affecting the knee include osteoarthritis and rheumatoid arthritis.

See Arthritis Research UK booklets
Osteoarthritis of the knee; Rheumatoid arthritis.
**What situations might trigger symptoms at work?**

There are many situations that may cause you to experience joint pain at work, for example:

- a sudden change in your working conditions, such as a different position or stance, for example a change of workstation, desk or chair height
- your workload suddenly increasing
- a change of task which could require you to use one hand more than the other
- using heavy machinery or doing heavy manual work, for example in a factory
- doing repetitive tasks for long hours.

Stressful work situations may also make symptoms more likely to occur.

**What are the causes of work-related joint disorders?**

Sometimes the origin of muscle or joint pain is clear, such as carpal tunnel syndrome. But this is often not the case, as in non-specific work-related upper-limb disorder. Research is concentrating on the following possible causes:

**Nerves** – Nerves that easily slide from side to side may be at particular risk if they’re moved a lot. The median nerve that passes through the carpal tunnel is an example of this type of nerve. Tension in nerves may be a cause of symptoms in the neck and shoulders.

**Muscles** – Muscle tissue that’s working too hard builds up lactic acid, which can cause pain and tiredness. This or other chemicals that build up in the muscles may be a contributing factor in muscle and joint problems in the workplace.

**Compartment syndrome** – Muscles are protected by covers (known as sheaths or fascias). As the fascia isn’t very stretchy, when the muscle swells during exercise it causes cramping pain, known as compartment syndrome. This condition sometimes needs surgery to divide the sheath, which prevents swelling and pain. These syndromes are common in athletes and dancers. Similar injuries may be common in some people who do physical work.

**Workplace stress can make you more likely to develop symptoms.**
Hypermobility (‘double jointed’) – People who are born with particularly supple joints in the fingers seem more prone to work-related upper-limb disorders than others. This may be because of the greater mechanical effort needed to keep the joints properly in line if they’re naturally looser (more supple) than normal. A slight twist in the spine, commonly found in these patients, may upset the balance between the two sides of the body to cause symptoms.

Psychosocial factors – Symptoms in the arm or neck may become more noticeable and more troublesome in people who are under stress. Research into these factors is currently underway in several large UK workforces and in people attending rheumatology clinics.

Is there a link with complex regional pain syndrome?
Complex regional pain syndrome (CRPS) is also known as reflex sympathetic dystrophy (RSD). In people with non-specific work-related upper-limb disorder, some of the symptoms are like a mild form of CRPS. Most changes in CRPS are thought to arise from an abnormality of part of the body’s nervous system known as the sympathetic nervous system. Although there may be some similarity, they’re not the same condition.
We can learn a lot about work-related joint disorders from certain groups of people.

Overuse symptoms are often found in athletes by doctors specialising in sports medicine. Any athlete who trains a lot is at risk, although top athletes whose bodies are well adapted to their events may avoid these problems.

Professional musicians often suffer from overuse symptoms as they have to play at the speed indicated by the composer. Wind instrument players and keyboard players may have similar problems in both hands, whereas string players usually develop shoulder problems in the bowing arm and tendon problems that affect the fingers in the other arm (see Figure 2).

Dancers are prone to many joint or muscular problems. This is because they have to perform at the level of a high-class athlete, using all parts of the body, but also have to follow the choreography at a speed set by the music.

What is the outlook?
Recovery times vary a lot because there are so many different conditions, so you should probably discuss this question with your doctor.

In general, the less time you’ve had the pain before treatment, the quicker it’ll get better. Short-lasting (acute) tenosynovitis or epicondylitis will normally get better on its own within a few weeks, but with a steroid injection it may improve within a week.
It’s important to rest the affected area during this time. If you can’t take time off work, this recovery period is at least doubled.

Problems that take longer to develop often tend to take longer to improve. Pain that gets worse over 2–3 months will probably take 6–12 months to get better. Once a work-related upper-limb disorder has become established, the recovery period may be even longer. It can take 3–4 years to recover from a severe case of work-related upper-limb disorder.

What treatments are there for work-related joint disorders?

Drugs, physical therapies and simple treatments like applying heat or ice can help in managing pain and inflammation. However, it’s also very important to tackle the causes of the problem to prevent it returning.

Drugs

Drugs may be helpful. This section describes drugs that you can buy yourself from a chemist (although it’s still a good idea to talk to your doctor first, who may prescribe alternative or perhaps stronger drugs).

Paracetamol is a painkiller (analgesic), which can be used to ease pain and discomfort. You should take the tablets about an hour before doing any activity that’s likely to cause pain. Try to use paracetamol only at the times of day when you’re likely to get the pain. You can also buy co-codamol 8/500 (i.e. 8 mg of codeine and 500 mg of paracetamol) over the counter. These can cause constipation and sometimes make people feel fuzzy-headed, so they’re unsuitable for some people, for example if you work with heavy machinery. There are other painkillers (e.g. co-dydramol or Tramadol) available from your doctor.

Ibuprofen (e.g. Nurofen) is a non-steroidal anti-inflammatory drug (NSAID), which may work better if there’s swelling as well as pain.

Try to take one at least half an hour before you expect the symptoms to start, and top up as necessary during the day – but never exceed the stated dose. Ibuprofen isn’t suitable for everyone, especially if you’ve had a gastric or peptic ulcer or have asthma. Check the packaging and contact your doctor if in doubt.

Many over-the-counter drugs are available as topical creams or gels. These may be rubbed onto the skin over a painful joint or muscle.

NSAIDs – potential side-effects and precautions

Like all drugs, NSAIDs can sometimes have side-effects, but your doctor will take precautions to reduce the risk of these – for example, by prescribing the lowest effective dose for the shortest possible period of time.
NSAIDs can cause digestive problems (stomach upsets, indigestion, or damage to the lining of the stomach) so in most cases NSAIDs will be prescribed along with a drug called a proton pump inhibitor (PPI), which will help to protect the stomach.

NSAIDs also carry an increased risk of heart attack or stroke. Although the increased risk is small, your doctor will be cautious about prescribing NSAIDs if there are other factors that may increase your overall risk – for example, smoking, circulation problems, high blood pressure, high cholesterol or diabetes.

See Arthritis Research UK drug leaflet Non-steroidal anti-inflammatory drugs.
If these simple measures don’t improve your symptoms, you should talk to your GP. You may need a period of total rest from the activity that’s causing your problems. Your GP may be able to help by giving you tablets to relieve your pain or inflammation. In the case of tenosynovitis or epicondylitis, a local steroid injection (given at the site of the problem) may help with your symptoms, particularly if it’s done in the early stages.

Both physiotherapists and occupational therapists may recommend changes in the way you do your job that might ease the strain on your muscles.

See Arthritis Research UK drug leaflet Local steroid injections.

Physical therapies
Physical therapies can be helpful in reducing pain. Your GP will be able to refer you to a physiotherapist or occupational therapist, who’ll give you advice on how best to prevent and manage your symptoms. A physiotherapist will also be able to give you some exercises to do to keep affected parts of the body strong, which can help you to avoid problems in the future.

Self-help and daily living
Think carefully about the movements and actions you performed before the symptoms appeared. You may be able to spot a new pattern of activity that has caused the trouble. Avoiding that particular action may help your symptoms to disappear. If it’s part of your job this may not be possible, but perhaps you can change your style of working, such as altering your speed or the angle at which you have to hold heavy objects.

If symptoms start after 15 minutes of repetitive activity you could stop the task after 12 minutes and rest for 3 minutes to relieve the aches or pains.
On the other hand, if you get back strain after sitting in one position for 3 hours, a 5-minute walk around every 2 ½ hours may prevent it happening (see Figure 3). If you work as part of the team and several other people have similar symptoms, it may be necessary to change the way you work.

Many large firms have separate departments of occupational health. Often these are staffed by occupational health nurses and doctors who are experts in assessing and treating these conditions. They may have access to physiotherapists and occupational therapists, who can assess your work environment and recommend changes.

Exercise

Regular exercise and staying fit can help you cope with pain and will help your general health. This will help you get on with your life and do the things you want to do. However, some sports can make symptoms worse and cause pain. Non-contact sports are generally safer, although sports like tennis or squash, which involve twisting the joints under stress, can potentially add to existing problems.

See Arthritis Research UK booklet

Keep moving.

Figure 3

Look after your joints.

Take regular breaks from activities that are repetitive or involve awkward working positions. For this worker, both hands would be at risk due to excessive pinch grip (tenosynovitis), and the shoulders from lifting a heavy weight above the normal arc of movement and pressing upwards.
**Pain management**

Some pain management measures are things you can do yourself, aside from medications and without needing to see a physiotherapist or occupational therapist. You may be able to rest a painful joint by wearing a firm bandage or a splint while you work. Warmth may also help if the site is tender.

When you’re not in work you could relax your hands in a bowl of warm water or your whole body in the bath, or you could try a hot-water bottle or heated wheat bag.

Symptoms sometimes respond better to cold than heat. If this is the case, try wrapping a packet of frozen peas (wrapped in a damp towel to protect your skin) around the affected area. Let them thaw for a few minutes first. Only use it for 15 minutes at a time.

Take care when using hot-water bottles or frozen peas, as these may cause burns or skin irritation. Don’t use against damaged or broken skin or where there’s reduced sensation.

**See Arthritis Research UK booklets**

*Pain and arthritis; Splints for arthritis of the wrist and hand.*

**Prevention**

Research is helping us to understand the conditions that trigger work-related joint disorders and what steps can be taken to avoid them. In some large companies there’ll be an ergonomist to check each job task and the working environment and to recommend necessary changes to the management.

Certain recommendations have already been incorporated into law and can be found in the publications of the Health & Safety Executive (see Figure 4).

There are steps you can take to make your work environment as comfortable as possible, which may prevent the development of work-related conditions.
For example, try to take regular short breaks if you’re usually in the same position for most of the day. Try using an ergonomic keyboard or cushioned mouse mat if you spent a lot of time at a computer. However, be aware that these can trigger carpal tunnel syndrome symptoms in some people. You may want to try them, but stop using them if you develop symptoms. Discuss your options with your employer.

See Arthritis Research UK booklets
Looking after your joints when you have arthritis; Work and arthritis.

It’s important to talk to your line manager. Often there’s a simple solution to a work-related problem.
What else should I know about work-related joint disorders?
Employees sometimes ask if they have a legal claim for damages against their employer. In some cases they do, but most companies are very good at following any changes required by the Health & Safety Executive. Employers recognise the need for risk assessments to make sure that their employees take regular breaks or change activity regularly.

To make a successful claim, the employee has to prove:
• that a medical condition exists
• that the condition exists because of the job
• that the employer didn’t take enough precautions to prevent the problem.

Proving that the work caused, worsened or materially contributed to the condition is the biggest problem. The employee’s medical records will have to be examined to confirm that:
• the employee hasn’t had similar injuries in the past
• the employee has no hobbies or activities outside the workplace that might have contributed to the injury
• the condition developed at a time when the usual workload was in some way altered or increased.

If you have joint pain, back pain or similar problems that you think may be caused or aggravated by some aspect of your work it’s important to discuss this with your employer as soon as possible. Employers have a legal duty to look into problems and to take steps to protect the health and safety of their workers. The website of the Health and Safety Executive (HSE) www.hse.gov.uk has further information and guides on how to assess health risks linked with particular types of work.
Glossary

**Analgesics** – painkillers. As well as dulling pain they lower raised body temperature, and most of them reduce inflammation.

**Carpal tunnel** – the passageway within the wrist through which the median nerve and flexor tendons pass. The flexor tendons bend the fingers. The tendons which straighten the fingers, the extensor tendons, don’t pass through the carpal tunnel but across the back of the hand.

**Inflammation** – a normal reaction to injury or infection of living tissues. The flow of blood increases, resulting in heat and redness in the affected tissues, and fluid and cells leak into the tissue, causing swelling.

**Local steroid injection** – the injection of steroid directly into a problematic joint or next to an affected tendon. Sometimes medical professionals will refer to an injection into the joint as ‘intra-articular’, and you may hear the term IAST used, meaning intra-articular steroid therapy.

**Median nerve** – the nerve which controls movement of the thumb and carries information back to the brain about sensations felt in the thumb and fingers.

**Non-steroidal anti-inflammatory drugs (NSAIDs)** – a large family of drugs prescribed for different kinds of arthritis that reduce inflammation and control pain, swelling and stiffness. Common examples include ibuprofen, naproxen and diclofenac.

**Occupational therapist** – a therapist who helps you to get on with your daily activities (e.g. dressing, eating, bathing, working) by giving practical advice on aids, appliances and altering your technique.

**Osteoarthritis** – the most common form of arthritis (mainly affecting the joints in the fingers, knees, hips), causing cartilage thinning and bony overgrowths (osteophytes) and resulting in pain, swelling and stiffness.

**Physiotherapist** – a trained specialist who helps to keep your joints and muscles moving, helps ease pain and keeps you mobile.

**Proton pump inhibitor (PPI)** – a drug that acts on an enzyme in the cells of the stomach to reduce the secretion of gastric acid. They are often prescribed along with non-steroidal anti-inflammatory drugs (NSAIDs) to reduce side-effects.

**Rheumatoid arthritis** – a common inflammatory disease affecting the joints, mainly starting in the smaller joints in a symmetrical pattern (that is, for example, both hands or both wrists at once).

**Sympathetic nervous system** – part of the nervous system that controls many of the involuntary actions of the body’s glands and organs.

**Tendons** – strong fibrous cords that anchor muscles to bone and through which fingers or other parts of the body are moved.
Where can I find out more?

If you've found this information useful you might be interested in these other titles from our range:

**Conditions**
- Back pain
- Carpal tunnel syndrome
- Complex regional pain syndrome (CRPS)
- Joint hypermobility
- Neck pain
- Osteoarthritis
- Osteoarthritis of the knee
- Rheumatoid arthritis
- Shoulder pain

**Therapies**
- Occupational therapy and arthritis
- Physiotherapy and arthritis

**Self-help and daily living**
- Keep moving
- Looking after your joints when you have arthritis
- Pain and arthritis
- Splints for arthritis of the wrist and hand
- Work and arthritis

**Drug leaflets**
- Local steroid injections
- Non-steroidal anti-inflammatory drugs

You can download all of our booklets and leaflets from our website or order them by contacting:

**Arthritis Research UK**
Copeman House
St Mary’s Court,
St Mary’s Gate, Chesterfield,
Derbyshire S41 7TD
Phone: 0300 790 0400
www.arthritisresearchuk.org

**Related organisations**
The following organisations may be able to provide additional advice and information:

**Arthritis Care**
Floor 4, Linen Court
10 East Road
London N1 6AD
Phone: 020 7380 6500
Helpline: 0808 800 4050
www.arthritiscare.org.uk

**The British Pain Society**
Third Floor, Churchill House
35 Red Lion Square
London WC1R 4SG
Phone: 020 7269 7840
www.britishpainsociety.org

**Chartered Society of Physiotherapy**
14 Bedford Row
London WC1R 4ED
Phone: 020 7306 6666
www.csp.org.uk
Disability Employment Advisers
The Disability Employment Advisers can be contacted via your local Jobcentre or Jobcentre Plus office.
www.jobcentreplus.gov.uk

Disabled Living Centres
Assist UK
Redbank House
4 St Chad’s Street
Manchester M8 8QA
Phone: 0161 832 9757
www.assist-uk.org
Contact Assist UK for details of your nearest Disabled Living Centre(s). A full list of addresses is available on the Assist UK website.

Disabled Living Foundation (DLF)
Ground Floor, Landmark House
Hammersmith Bridge Road
London W6 9EJ
Phone: 020 7289 6111
Helpline: 0300 999 0004
www.dlf.org.uk

Employment Medical Advisory Service (EMAS)
To find your local office, see the telephone directory under ‘Health & Safety Executive’. The address and phone number should also be available in all workplaces. Alternatively, you can get this information from:
HSE Infoline: 0845 345 0055
www.hse.gov.uk/contact/index.htm
Industrial Injuries Advisory Council
It provides independent advice to the Secretary of State for the Department for Work and Pensions on matters relating to the Industrial Injury Disablement Benefit scheme.
http://www.iiac.org.uk

Links to third-party sites and resources are provided for your general information only. We have no control over the contents of those sites or resources and we give no warranty about their accuracy or suitability. You should always consult with your GP or other medical professional.
We’re here to help

Arthritis Research UK is the charity leading the fight against arthritis. We’re the UK’s fourth largest medical research charity and fund scientific and medical research into all types of arthritis and musculoskeletal conditions. We’re working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We’ll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you’d like to receive our quarterly magazine, Arthritis Today, which keeps you up to date with current research and education news, highlighting key projects that we’re funding and giving insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers’ hints and tips for managing arthritis.

Tell us what you think

Please send your views to: feedback@arthritisresearchuk.org or write to us at: Arthritis Research UK, Copeman House, St Mary’s Court, St Mary’s Gate, Chesterfield, Derbyshire S41 7TD

A team of people contributed to this booklet. The original text was written by Prof Howard Bird, who has expertise in the subject. It was assessed at draft stage by GP Dr Sean Macklin, consultant rheumatologist Prof. Andrew Hassell and rheumatology specialist nurse Maureen Cox. An Arthritis Research UK editor revised the text to make it easy to read and a non-medical panel, including interested societies, checked it for understanding. An Arthritis Research UK medical advisor, Kate Gadsby, is responsible for the content overall.
Get involved

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
- asking your company to support us
- buying products from our online and high-street shops.

To get more actively involved, please call us on 0300 790 0400, email us at enquiries@arthritisresearchuk.org or go to www.arthritisresearchuk.org